



## Application Data Sheet

### Application Information

Application number:: 09/580,018  
Filing Date:: 05/26/00  
Application Type:: Regular  
Subject Matter:: Utility  
Sequence Submission:: Yes  
Computer Readable Form (CRF):: Yes  
Number of copies of CRF:: 1  
Title:: PREVENTION AND TREATMENT OF  
AMYLOIDOGENIC DISEASE  
Attorney Docket Number:: 15270J-004760US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Total Drawing Sheets:: 18  
Small Entity?:: No  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Dale  
Middle Name:: B.  
Family Name:: Schenk  
Name Suffix::  
City of Residence:: Burlingame  
State or Province of Residence:: CA

Country of Residence:: US  
Street of Mailing Address:: 1542 Los Altos Drive  
City of Mailing Address:: Burlingame  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94010

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: Frederique  
Middle Name::  
Family Name:: Bard  
Name Suffix::  
City of Residence:: Pacifica  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1111 Park Pacifica Avenue  
City of Mailing Address:: Pacifica  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94044

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Theodore  
Middle Name::  
Family Name:: Yednock  
Name Suffix::  
City of Residence:: Forest Knolls

State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 184 Arroyo Road  
City of Mailing Address:: Forest Knolls  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94933

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Customer Number:: 20350

#### **Assignee Information**

Assignee Name:: Neuralab Limited  
Street of mailing address:: 102 St. James Court  
City of mailing address:: Flatts  
State or Province of mailing address:: Smiths  
Country of mailing address:: Bermuda  
Postal or Zip Code of mailing address:: FL 04